FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

1412736

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

| OMB API | PROVAL | | | | | | |
|--|--------------------------|--|--|--|--|--|--|
| OMB Number: Expires: Estimated average hours per form | April 30, 2008 burden | | | | | | |
| SEC US | E ONLY | | | | | | |
| Prefix | Serial | | | | | | |
| | 1 | | | | | | |
| DATE RE | DATE RECEIVED | | | | | | |
| 1 | 1 | | | | | | |



| Name of Offering Sand Spring Capital | Name of Offering (check if this is an amendment and name has changed, and indicate change.) Sand Spring Capital III, LLC | | | | | | | | | | |
|---|--|-------------------------|--------------------------------|----------------------------|----------------------|----------------------------|--|--|--|--|--|
| Filing Under (Check b | oox(es) that apply): | ☐ Rule 504 ☐ Amendment | ☐ Rule 505 | ⊠ Rule 506 | Section 4(6) | CELANOE . | | | | | |
| | A. BASIC IDENTIFICATION DATA | | | | | | | | | | |
| 1. Enter the information | Enter the information requested about the issuer | | | | | | | | | | |
| Name of Issuer | check if this is an amer | ndment and name h | as changed, and in | dicate change. | 15/18 | 6 SECTION | | | | | |
| Sand Spring Capital | III, LLC | | | _ | \ \ \ | | | | | | |
| Address of Executive | Offices | | (Number and Stree | et, City, State, Zip Cod | | nber (Including Area Code) | | | | | |
| c/o Sand Spring Mar | nagement, LLC, 247 Florid | la Street, Baton Ro | ouge, LA 70801 | | (225)343-9342 | | | | | | |
| Address of Principal C | Offices | | (Number and Street | et, City, State, Zip Cod | ie) Telephone Nur | ntpp00ESSEte) | | | | | |
| (if different from Exec | utive Offices) | | | | | | | | | | |
| Brief Description of B | usiness: Private Inve | estment Company | | | | OCT 2 4 2007 | | | | | |
| Type of Business Org | anization | | | | | FINANCIAL | | | | | |
| | corporation | ☐ limited p | artnership, already | formed | other (please spe | ecify) FINANCIAL | | | | | |
| | business trust | ☐ limited p | artnership, to be for | med | Limited Liability Co | ompany, already formed | | | | | |
| | Pate of Incorporation or Organization: (Er | | Month 0 8 Postal Service Abbre | Year 0 eviation for State; | 7 | ual Estimated | | | | | |
| | | CN | N for Canada; FN fo | r other foreign jurisdic | ction) D | E | | | | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

| | | A. BASIC ID | ENTIFICATION DATA | A | |
|--|--|-------------------------------|-------------------------------|------------------|--|
| Each beneficial owr Each executive office | e issuer, if the issuer having the pow er and director of | ier has been organized with | ect the vote or disposition o | | a class of equity securities of the issuer; tnership issuers; and |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | Managing Member |
| Full Name (Last name first, i | f individual): | Sand Spring Manager | ment, LLC | | |
| Business or Residence Addr | ess (Number and | Street, City, State, Zip Code | e): 247 Florida Street, Bate | on Rouge, LA 708 | 301 |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☑ Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual): | Morales, Walter A. | | | |
| Business or Residence Addi 70801 | ess (Number and | Street, City, State, Zip Code | e): c/o Sand Spring M | lanagement, LLC, | , 247 Florida Street, Baton Rouge, LA |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual): | Miller, Kevin S. | | | |
| Business or Residence Addr 70801 | ess (Number and | Street, City, State, Zip Code | e): c/o Sand Spring M | lanagement, LLC, | 247 Florida Street, Baton Rouge, LA |
| Check Box(es) that Apply: | ☐ Promoter | ☑ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, i | f individual): | Blue Glacier Fund, LP | • | | |
| Business or Residence Addi 70801 | ess (Number and | Street, City, State, Zip Code | e): c/o Sand Spring M | lanagement, LLC, | 247 Florida Street, Baton Rouge, LA |
| Check Box(es) that Apply: | ☐ Promoter | ☑ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, i | f individual): | Crestline AK Permane | ent Fund, LP | | |
| Business or Residence Addi 70801 | ess (Number and | Street, City, State, Zip Code | e): c/o Sand Spring M | lanagement, LLC, | 247 Florida Street, Baton Rouge, LA |
| Check Box(es) that Apply: | ☐ Promoter | ☑ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, i | f individual): | Crestline Alaska Distr | essed Investments Fund | , LP | |
| Business or Residence Addr 70801 | ess (Number and | Street, City, State, Zip Code | e): c/o Sand Spring M | anagement, LLC, | 247 Florida Street, Baton Rouge, LA |
| Check Box(es) that Apply: | Promoter | ☑ Beneficial Owner | ☐ Executive Officer | Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, i | f individual): | Crestline Partners, LF | • | | |
| Business or Residence Addr 70801 | ess (Number and | Street, City, State, Zip Code | e): c/o Sand Spring M | lanagement, LLC, | 247 Florida Street, Baton Rouge, LA |
| Check Box(es) that Apply: | ☐ Promoter | Beneficial Owner | Executive Officer | ☐ Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual): | Lonestar Patriot, LLC | | | |
| Business or Residence Addr 70801 | ess (Number and | Street, City, State, Zip Code | e): c/o Sand Spring M | anagement, LLC, | 247 Florida Street, Baton Rouge, LA |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | ☐ General and/or Managing Partner |

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| B. INFORMATION ABOUT OFFERING | | | | | | | | | | | | | |
|-------------------------------|--|---|---|--|---|---|---|--|--|---|--------------------------|--------|---|
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| 1. | Has the iss | uer sola, or | does the is | suer inten | | | eaitea inve endix, Col | | | | **!***** | ☐ Yes | ⊠ W0 |
| 2. | What is the | minimum i | nvestment t | hat will be | accepted ' | from any i | ndividual? | ••••• | •••••• | | | | ial*, \$250,000* additional ng member discretion |
| 3. | Does the o | fering perm | iit joint own | ership of a | single uni | t? | | | | | | ☐ Yes | . ⊠ No |
| 4. | Enter the ir any commi offering. If and/or with associated | ssion or sim a person to a state or s | ilar remune be listed is tates, list th | eration for a an associ ne name of | solicitation ated perso the broke | of purcha on or agent r or dealer | sers in cor t of a broke t. If more t | nection wi er or deale han five (5 | ith sales of r registere) persons | f securities d with the to be liste | s in the SEC d are | | |
| Full | Name (Last | name first, | if individual |) N/A | 1 | | | | | | | | |
| Bus | ness or Res | idence Ado | ress (Numi | per and Str | eet, City, S | State, Zip (| Code) | | | | | | |
| Nan | e of Associ | ited Broker | or Dealer | | | | | | | | | | |
| Stat | es in Which (Check "All | | | | | | | | | | | | ☐ All States |
| | • | | ☐ [AR] | | - 7 | | | | | | [HI] | □ [ID] | |
| | L] 🔲 [IN | [IA] | ☐ [KS] | □ [KY] | [LA] | [ME] | ☐ [MD] | □ [MA] | [MI] | ☐ [MN] | ☐ [MS] | [MO] | |
| | MT] [TM | E) □ (NV | NH] | □ [NJ] | [MM] | [NY] | □ (NC) | □ [ND] | □ [OH] | | □ [OR] | □ [PA] | |
| □ (| RI) 🔲 (Se | (SD | [TN] | □ [ТХ] | | | □ [VA] | □ [WA] | □ [MA] | [WI] | | □ [PR] | |
| Full | Name (Last | name first, | if individual |) | | | | | | <u> </u> | | | |
| Bus | ness or Res | idence Ado | ress (Numt | per and Str | eet, City, S | State, Zip (| Code) | | | | | | |
| Nan | e of Associ | ited Broker | or Dealer | | | | | | | | | • | |
| Stat | es in Which (Check "All | | | | | | | | | | | | ☐ All States |
| | AL] [A | () [AZ | ☐ [AR] | CA] | □ [CO] | □ [CT] | □ [DE] | | □ [FL] | ☐ [GA] | ☐ [HI] | [ID] | |
| | L] [IN | [IA] | □ [KS] | □ [KY] | [LA] | ☐ [ME] | ☐ [MD] | ☐ [MA] | [MI] | ☐ [MN] | ☐ [MS] | [MO] | |
| | MT] 🔲 [NI | [NV] □ |] □ [NH] | □ [NJ] | □ [NM] | □ [NY] | ☐ [NC] | □ [ND] | □ [OH] | | | □ [PA] | |
| | RI) 🗆 [So | (SD | [NT] 🔲 | □ [TX] | | | □ [VA] | □ [WA] | | [WI] | | □ [PR] | |
| Full | Name (Last | name first, | if individua |) | • | | - | | | | | | |
| Bus | ness or Res | idence Ado | ress (Numt | per and Str | eet, City, S | State, Zip | Code) | | | | | | |
| Nan | e of Associ | ited Broker | or Dealer | | | | | | | | | | |
| Stat | es in Which (Check "All | | | | | | | | | | | | ☐ All States |
| | | | [AR] | | • | | | | [FL] | □ [GA] | [HI] | [ID] | _ |
| | L) 🔲 (IN | [IA] | ☐ [KS] | □ [KY] | [LA] | ☐ [ME] | [MD] | ☐ [MA] | [MI] | ☐ [MN] | ☐ [MS] | [MO] | |
| | MT] [TN | [NV] | [HM] | [NJ] | □ [NM] | □ [NY] | ☐ [NC] | [ND] | □ (OH) | □ [OK] | □ [OR] | □ [PA] | |
| | RII 🗀 ISC | n ⊟ isd | I 🗀 ITNI | ППХІ | □ ruπ | | □ IVA1 | □ (WA) | | □ (WI) | | □ (PR) | |

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | | |
|----|---|-------------|-----------------------------|-----------|----------------------------|
| | Type of Security | | Aggregate Offering Price | | Amount Already Sold |
| | Debt | . <u>\$</u> | 0 | <u>\$</u> | 0 |
| | Equity | \$ | 0 | \$ | 0 |
| | ☐ Common ☐ Preferred | | | | |
| | Convertible Securities (including warrants) | . \$ | 0 | \$ | 0 |
| | Partnership Interests | | | \$ | 0 |
| | Other (Specify)Limited Liability Company Interests) | . <u>\$</u> | 100,000,000 | <u>\$</u> | 96,150,000 |
| | Total | \$ | 100,000,000 | \$ | 96,150,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE | _ | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | Number | | Aggregate Dollar Amount |
| | | | Investors | | of Purchases |
| | Accredited Investors | ٠ | 8 | \$ | 96,150,000 |
| | Non-accredited Investors | | N/A | <u> </u> | N/A |
| | Total (for filings under Rule 504 only) | | 0 | <u>\$</u> | 0 |
| | Answer also in Appendix, Column 4, if filing under ULOE | | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C–Question 1. | | | | |
| | Type of Offering | | Types of Security | | Dollar Amount Sold |
| | · · · · · · · · · · · · · · · · · · · | | • | | |
| | Rule 505 | | N/A | . 5 | N/A_ |
| | Regulation A | · | N/A | <u> </u> | N/A |
| | Rule 504 | | N/A | <u>\$</u> | N/A |
| | Total | | N/A | <u>\$</u> | N/A |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | |
| | Transfer Agent's Fees | | 🗆 | \$ | 0 |
| | Printing and Engraving Costs | | 🗖 | <u>\$</u> | 0 |
| | Legal Fees | | 🛛 | \$ | 21,814 |
| | Accounting Fees | | 🗖 | <u>\$</u> | 0 |
| | Engineering Fees | | | \$ | 0 |
| | Sales Commissions (specify finders' fees separately) | | | s | 0 |
| | Other Expenses (identify) | | | <u>-</u> | 0 |
| | | | _ | * | |
| | Total | ••••• | 🛛 | \$ | 21,814 |

| 4 | b. Enter the difference between the aggregate offe Question 1 and total expenses furnished in response | to Part C-Question 4.a. This diffe | erence is the | | | <u>\$</u> | 99,978, | 186 |
|----|--|--|----------------------------------|---|---------------------|------------------------|--------------------------------|-----------------------|
| 5 | "adjusted gross proceeds to the issuer." | eeds to the issuer used or proposition any purpose is not known, furning. The total of the payments listed | ed to be ish an must equal | Payments Officers Directors Affiliate: | . | | | ents to hers |
| | Salaries and fees | | | \$ | 0 | | \$ | 0 |
| | Purchase of real estate | | | \$ | 0 | | \$ | 0 |
| | Purchase, rental or leasing and installation of | machinery and equipment | | \$ | 0 | | \$ | 0 |
| | Construction or leasing of plant buildings and | facilities | | \$ | 0 | _ 🗆 | \$ | 0 |
| | Acquisition of other businesses (including the offering that may be used in exchange for the pursuant to a merger | assets or securities of another iss | uer | \$ \$ \$ \$ | | - – | \$ \$ \$99,97 \$ | 0 0 8,186 0 |
| | Column Totals | | | \$ | 0 | ∠⊠ | \$ 99,97 | <u>8,1</u> 86 |
| | Total payments Listed (column totals added). | | | ⊠ | \$ 9 | 9,978 | 3,186 | |
| | | D. FEDERAL SIGNAT | URE | | | | | |
| co | his issuer has duly caused this notice to be signed by the institutes an undertaking by the issuer to furnish to the the issuer to any non-accredited investor pursuant to provide the investor pursua | U.S. Securities and Exchange Cor | rson. If this m | otice is filed unde on written reques | er Rule t of its | 505, the staff, the | e following s e information | ignature furnished |
| | suer (Print or Type) and Spring Capital III, LLC | Signature A C | m. | -/ | D | ate Octo | ber 16, | 2007 |
| | ame of Signer (Print or Type) alter A. Morales | Title of Signer (Print or Type) Managing Member of Sand Capital III, LLC | | agement, LLC, I | Managi | ing Men | nber of San | d Spring |

ATTENTION

| | | E. STATE SIGNATURE | | | | | | | |
|----------|---|---|---|--|--|--|--|--|--|
| 1. | Is any party described in 17 CFR 230.262 presently provisions of such rule? | y subject to any of the disqualification | ☐ Yes ☑ No | | | | | | |
| | See Appe | endix, Column 5, for state response. | | | | | | | |
| 2. | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law. | | | | | | | | |
| 3. | The undersigned issuer hereby undertakes to furni | sh to the state administrators, upon written request, information fu | mished by the issuer to offerees. | | | | | | |
| 4. | The undersigned issuer represents that the issuer Exemption (ULOE) of the state in which this notice of establishing that these conditions have been sat | is familiar with the conditions that must be satisfied to be entitled to is filed and understands that the issuer claiming the availability of tisfied. | the Uniform limited Offering this exemption has the burden | | | | | | |
| | uer has read this notification and knows the contents zed person. | to be true and has duly caused this notice to be signed on its beha | alf by the undersigned duly | | | | | | |
| Issuer (| Print or Type) | Signature | Date | | | | | | |
| Sand S | pring Capital III, LLC | Walk a Mis | October 16, 2007 | | | | | | |
| Name o | of Signer (Print or Type) | Title of Signer (Print or Type) Managing Member of Sand Spri | ng Management, LLC, | | | | | | |

Managing Member of Sand Spring Capital III, LLC

Instruction:

Walter A. Morales

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | | | · · · · · · · · · · · · · · · · · · · | API | PENDIX | | | | | | |
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| 1 | 1 | ? | 3 | | 4 | | | | | | |
| : | Intend to sell to non-accredited investors in State (Part B – Item 1) | | Type of security and aggregate offering price offered in state (Part C – Item 1) | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1) | | | | | | |
| State | Yes | No | Limited Liability Company Interests | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | |
| AL | | l | | | | | | | | | |
| AK | | | | | | | | | | | |
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| 1 | 2 | 2 | 3 | | | 4 | | 5 | | | |
| | to non-ad | | Type of security and aggregate offering price offered in state (Part C – Item 1) | | Type of investor and Amount purchased in State (Part C – Item 2) Number of Accredited Investors Amount Number of Non-Accredited Investors Amount Amount | | | | | | |
| State | Yes | No | Limited Liability Company Interests | Accredited | | | | | | | |
| NY | | | | | | | | | | | |
| NC | | | | | | | | | | | |
| ND | | | | | | | | | | | |
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